

## Driver License Replacement Request While Out-of-State

Washington state licensed drivers who are **out-of-state or out-of-country** and have a **valid Social Security number** can use this form to request a replacement of a lost or stolen driver license. You may renew one year before expiration.

To make your request send this completed form and a check or money order payable to the Department of Licensing to:

**Department of Licensing**  
**301 E Wallace Kneeland Blvd Ste 224 PMB 334**  
**Shelton WA 98584-2987**

**Enhanced driver licenses (EDL) and licenses with a commercial driver license endorsement (CDL)** cannot be replaced by mail. If you have an EDL you must include a completed [Notice of Surrender](#) with your request and/or if you have a CDL you must include a completed [Commercial Driver's Notice of Surrender](#). The surrender forms are available at [dol.wa.gov](http://dol.wa.gov).

**Requests to change your name** cannot be made by mail.

**When we receive your request** we will check your driving privilege status. Your license must not be suspended, revoked, or cancelled in any jurisdiction. If there are any unresolved issues with your driving privilege, we may not be able to process your request. We cannot process incomplete, unsigned, or ineligible requests and will return your payment.

Name ( <i>Last, First, Middle</i> )					Washington driver license number	
Social Security number <small>Required for all drivers; mandatory for child support laws, 42 USC 666(a), RCW 26.23.150. Kept on file. Used for identification, 42 USC 405.</small>						
Washington State residence address ( <i>Required for processing</i> )						
City				State	ZIP code	
Birthdate ( <i>Month, Day, Year</i> )	Gender	Height	Weight	Eye color	Are you a twin or a triplet?	
Out-of-state mailing address				email address ( <i>In case we need to contact you</i> )		
City		State	ZIP code or postal code	Country	(Area code) Telephone number	
Check one only <input type="checkbox"/> <b>I want to replace my lost or stolen driver license. Enclose \$20.</b>						
Check all that apply <input type="checkbox"/> I want to be an organ donor. <input type="checkbox"/> I want to register for the selective service. <input type="checkbox"/> I want to register to vote in the state of Washington and I am a United States citizen.						
Medical/Vision statements <ul style="list-style-type: none"> <li>I do not have a mental or physical condition and am not taking any medication that could impair my ability to operate a motor vehicle.</li> <li>My vision is 20/40 or better with or without corrective lenses.</li> </ul>						

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
Date and place

**X**  
\_\_\_\_\_  
Signature